



(19)

Europäisches Patentamt

European Patent Office

Office européen des brevets



(11)

EP 0 847 756 A1

(12)

EUROPEAN PATENT APPLICATION

(43) Date of publication:

17.06.1998 Bulletin 1998/25

(51) Int. Cl.⁶: A61K 35/78*maybe Drop.*

(21) Application number: 97122064.5

(22) Date of filing: 15.12.1997

(84) Designated Contracting States:

AT BE CH DE DK ES FI FR GB GR IE IT LI LU MC
NL PT SE

Designated Extension States:

AL LT LV MK RO SI

(30) Priority: 15.12.1996 IS 119833

(71) Applicants:

- Lavie, David
Rehovot 76353 (IL)
- Steinbeck-Klose, Anne
53129 Bonn (DE)

(72) Inventors:

- Lavie, David
Rehovot 76353 (IL)
- Steinbeck-Klose, Anne
53129 Bonn (DE)

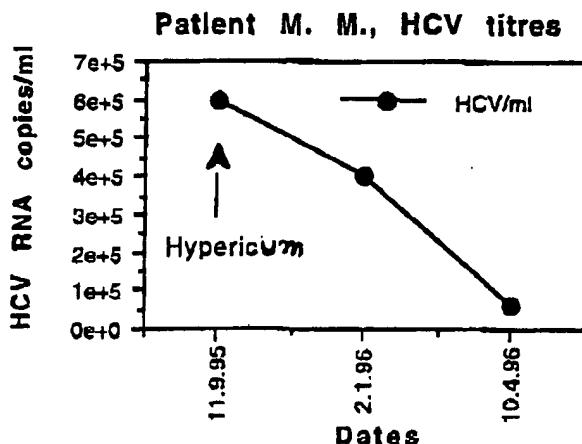
(74) Representative:

Modiano, Guido, Dr.-Ing. et al
Modiano, Josif, Pisanty & Staub,
Baaderstrasse 3
80469 München (DE)

(54) Plant extracts for the preparation of pharmaceutical compositions for the treatment of hepatitis

(57) The use of extracts from the plant *Hypericum perforatum* in the preparation of pharmaceutical compositions for the treatment of hepatitis C, chronic hepatitis C and related viruses, said pharmaceutical compositions comprising at least one extract of the plant *Hypericum perforatum* and optionally in addition, one or more pharmaceutically acceptable inactive components, selected from, carriers, coatings, diluents and adjuvants.

Figure 1a.



EP 0 847 756 A1

Description**FIELD AND BACKGROUND OF THE INVENTION**

The present invention involves the use of extracts of the plant Hypericum perforatum in the preparation of improved pharmaceutical compositions for the treatment, prevention and control of hepatitis C, chronic hepatitis and related viruses.

Hepatitis C is a debilitating liver disease that begins as an acute infection and can develop into a chronic disease. As many as 50% of acutely infected individuals develop a state of chronic infection [Alter HJ 1988. Transfusions-associated non-A, non-B hepatitis: the first decade In Viral Hepatitis and Liver Disease. Zuckerman A.J. ed. Alan R. Liss, New York, p. 537-542] of which up to 20% may proceed to hepatic cirrhosis (destruction of the liver) with its complications of portal hypertension, ascites, encephalopathy, and bleeding disorders. The infection also poses a high risk for development of liver cancer (hepatocellular carcinoma). The prevalence of infection in the general population is so high that prior to the availability of screening tests, the risk of hepatitis C following blood transfusion in the United States was 5-10% or about 150,000-300,000 transfusion recipients per year acquired the disease. In Japan 4% of screened blood donors over age 55 had serologic evidence of HCV infection [Tabor E. and K. Kabayashi 1992. Hepatitis C virus, a causative infectious agent for non-A, non-B hepatitis: Prevalence and structure - Summary of a conference on hepatitis C virus as a causative of hepatocellular carcinoma. J. Natl. Cancer Inst. 84: 86-90] In some endemic regions of the Third World as many as 20% of the population can be infected. The healthy appearance of some chronic carriers may change after contraction of other illnesses that can reduce their immunity. The carriers can transmit the hepatitis C virus to others with whom they have close contact, thereby spreading the disease.

Hepatitis C is caused by a virus known as hepatitis C virus (HCV). HCV is non-integrating, lipid-enveloped positive sense RNA virus, similar to flavivirus and pestiviruses in gene organization and in mechanisms of cell invasion, with a single open reading frame [Choo QL, G Kuo, AJ Weiner, LR Overby, DW Bradley and M Houghton 1989. Isolation of a cDNA clone derived from a blood-borne non-A, non-B viral hepatitis genome. Science 244: 359-362, Tabor/Kabayashi 1992]. The virus is transmitted by the parenteral route in the case of transfusion and drug abuse; and by uncertain mechanisms that probably include a sexual mode of transmission in other cases.

Treatment of chronic hepatitis C

A search for effective means of treating chronic hepatitis C is essential due to the high prevalence of hepatitis C, its major morbidity for symptomatic patients,

the insidiously progressive course, the infectious potential of carriers, and the long-term risk for development of hepatocellular carcinoma. The primary goals of therapy should be to reduce the release of liver enzymes into the blood circulation bringing about a biologic and histologic improvement of disease activity, and secondary objectives should be to decrease viral replication and viral load with the ultimate goal of complete elimination of the virus. Virus load emerges as the most reliable means of evaluating treatment response. Techniques to characterize and quantify hepatitis C infection continue to evolve. Newly developed assays utilizing branched DNA technology (bDNA) (Chiron Ltd.), and Roche's HCV-RNA RT-PCR assay may permit simple quantification of viral RNA levels in serum. The clinical significance of these assays is beginning to be established in larger, multicenter, prospective studies.

Despite its high prevalence and moribund clinical course, there is no established form of effective therapy for hepatitis C infections. Acyclovir treatments were unsatisfactory [Pappas SC, JH Hoofnagle, N Young, SE Straus, and EA Jones, 1985. Treatment of chronic non-A, non-B hepatitis with acyclovir: A pilot study. J. Med Virol 15: 1-9], and IFN-gamma, despite its known antiviral activity, has also proven ineffective (Saez-Royuela F, JC Porres, A Moreno, I Castillo, G Martinez, F Gallana and V Carreno. 1991. High doses of recombinant alfa-interferon or gamma-interferon for chronic hepatitis C: A randomized controlled trial Hepatology 13: 327-331). The best results to date have been obtained with IFN- α , although relief was temporary, long-term response rates have been disappointing and generally run between 15-25% (Dusheiko G and P. Simmons 1994. Sequence variability of hepatitis C virus and its clinical significance (Review). J Viral Hepatitis 1: 3-15). The responses were found to be related to the HCV genotypes (Kanai K, M Kato and H Okamoto 1992. HCV genotypes in chronic hepatitis C and response to interferon, Lancet 339: 1543, Takada N, S Takase, N Enomoto, A Takada and T Date. 1992. Clinical backgrounds of the patients having different types of hepatitis C virus genomes. J Hepatol. 14: 35-40, and Yoshioka K, S Kakumu, T Wakita et al. 1992, detection of hepatitis C virus by polymerase chain reaction and response to IFN- α therapy: relationship to genotypes of hepatitis C virus. Hepatology 16: 293-299), to HCV titres and to the duration of disease. A long duration of disease is an adverse prognostic factor and a prediction of therapy failure. Thus, the time factor for interferon therapy is crucial and therapy should begin early to succeed. Most recently interferon- β treatments have been given in combination with ribavirin. The results were not encouraging as sustained responses occurred in only one third of the patients (Kakumu S., Yoshioka K., Wakita T., Ishikawa T., Takayanagi M., and Higashi Y. A pilot study of Ribavirin and interferon beta for the treatment of chronic hepatitis C. Gastroenterology 1993, 105: 507-512). This form of treatment has been associated with quite severe side effects and

could be given for limited time intervals.

The present invention predicted and discovered that treatment of patients with chronic active hepatitis C with preparations from *Hypericum perforatum* led to dramatic declines in HCV blood levels in these patients. In some cases the patients tested negative to HCV in extremely sensitive molecular assays such as the quantitative RT-PCR for hepatitis C virus or the branched DNA technology, inferring that no virus particles could be detected in their blood by these most sensitive and sophisticated detection techniques. The virus appears to have been completely eliminated. The preparations that were used are in most cases dried alcoholic extracts of the aerial parts of the plant *Hypericum perforatum*. They contain, among other compounds also hypericin and pseudohypericin. These are two photodynamic compounds which are activated by light and are known to act as virucidal agents (Moraleda G, TT Wu, AR Gilbert, CE Aldrich, LD Condrey, SH Larsen, JC Tang, M Colacino, WS Mason, 1993: Inhibition of duck hepatitis B virus replication by hypericin. Antiviral Res. 20: 235-247; Lavie, G, F. Valentine, B. Levin, Y. Mazur, G. Gallo, D. Lavie, D. Weiner, D. Meruelo. 1989: Studies of the mechanisms of action of the antiretroviral agents hypericin and pseudohypericin. Proc. Natl. Acad. Sci. (USA) 86: 5963-5967), however, the inventor has discovered that the plant extracts contain potentiating activity that obviates the need for light and renders the plant extracts with potent antiviral activity against HCV without any need for light which is required with synthetic hypericin or pseudohypericin.

The healing process in this disease appears to be the result of inhibition of hepatitis C virus replication by the hypericum dried preparations. Over time the reservoir of infected cells dies due to the toxic effect of the virus. Prevention of infection of new liver cells or other blood mononuclear cells by free hepatitis C virus that circulates in the blood will bring about elimination of the infected state. The liver then has a chance to slowly regenerate and return to normal function.

SUMMARY OF THE INVENTION

The present invention involves the use of extracts of the plant *Hypericum perforatum* in the preparation of pharmaceutical compositions for the treatment of hepatitis C, chronic hepatitis and related viruses, said compositions comprising at least one extract of the plant *Hypericum perforatum* and optionally in addition, one or more pharmaceutically acceptable inactive components selected from, carriers, coatings, diluents and adjuvants.

As non-limiting examples of extractants, one may mention commonly available mono or polyhydric alcohols, acetone and similar ketones, either alone or in aqueous or non-aqueous combinations. The extraction itself can be carried out at ambient or elevated temperatures, or by other extraction methods commonly used

for such purposes. The extraction can also include removal of fatty component impurities, by a pre-extraction with non-polar solvents. Non-limiting examples of such solvents include ethyl acetate, petroleum ether or combinations thereof.

The pharmaceutical compositions themselves, can be adapted for convenient administration by known methods and in known forms, e.g., for oral or parenteral administration.

DETAILED DESCRIPTION OF THE INVENTION

Plants of *Hypericum perforatum* are readily available from various sources. To obtain the extracts necessary to prepare the pharmaceutical compositions of the present invention, they are normally harvested, dried and milled to a crude powder form. The powder so obtained is then subjected to extraction with aqueous or non-aqueous monohydric or polyhydric alcohols, acetone and similar solvents. The extracts so obtained may be evaporated to dryness, concentrated or diluted as desired or as required for the preparation of the final pharmaceutical compositions required or desired. The extraction can also include prior removal of fatty component impurities, by a pre-extraction with non-polar solvents. Non-limiting examples of such solvents include ethyl acetate, petroleum ether or combinations thereof.

Alternatively, extracts of *Hypericum perforatum* can be obtained commercially from various convenient sources, and can be used in the preparation of the pharmaceutical compositions of the subject invention.

The said pharmaceutical compositions provide a convenient and effective means for treatment of chronic hepatitis C virus infections and similar viruses, with clear advantages over other means.

The present invention provides a method for treatment of chronic hepatitis C virus infection that will reduce and eventually eliminate the virus from the infected individual. The treatment that eliminates or reduces the HCV virus load reduces the risk of liver cirrhosis (destruction of the liver), reduces the need for such patients to undergo liver transplantation, and reduces the risk of these patients developing liver cancer (hepatocellular carcinoma).

The treatment comprises administering to a patient pills or capsules of enriched extracts of *Hypericum perforatum* on a daily basis, 2-3 times per day for long periods of time, many months and possibly also numerous years. In some patients the decline in virus load is rapid and in others it requires a few months before virus titres decline significantly, tenfold or more in comparison with pretreatment levels. The improvements in liver function noted by decline in the blood levels of liver specific enzymes such as the transaminase SGPT can require many months. The suggested doses for *Hypericum* therapy will range from 1-50 capsules or tablets of *Hypericum* of preparations that contained 0.20-0.28% of total hypericin or preferentially 1-20 tablets/capsules

102

of said Hypericum preparations. Preferred therapy will include doses of 1-20 tablets/capsules of Hypericum perforatum preparation that contained 0.38-0.50% of total hypericin, and which will be administered orally or parenterally to provide a total daily dose equivalent to 1 - 10 mg of total hypericin per patient per day.

Examples:

Patients with chronic hepatitis C were first confirmed to have the infection with the hepatitis C virus and their virus titres were determined prior to the administration of therapy by quantitative PCR using the kit by Hoffman La Roche, or by the branched DNA technology using the kit by Chiron. The patients were then administered with Hypericum perforatum therapy. Dried preparation of extracts of Hypericum perforatum calibrated to contain 0.2% or 0.4% of hypericin-pseudohypericin known as total hypericin were used. The ratio between the two reagents was generally 2/3 pseudohypericin and 1/3 hypericin. The doses varied from 4 tablets/capsules of approximately 250 mg each given 3 times a day to a 70-80 kg patient (3 x 4 capsules/day) of preparations that contained 0.20-0.28% of total hypericin to 2 x 2 tablets/capsules per day in smaller patients who weighed 55-65 kg with preparations that contained 0.4% total hypericin. The patients were seen at approximately 3 month intervals at which they were requested to perform blood chemistry and hematology analyses that include blood levels of liver enzymes and quantitative analyses of blood virus levels.

BRIEF DESCRIPTION OF THE DRAWINGS

Figure 1 (a-d) shows the HCV blood virus load assays at different times before and after patient treatment with Hypericum perforatum preparations.

Figure 2 (a-b) shows the results of liver enzyme assays for serum glutamic oxaloacetic trans aminase (SGOT) and serum glutamic pyruvic trans aminase (SGPT) assays following patient treatment with Hypericum perforatum preparations.

While certain embodiments of the invention have been particularly described, it will be apparent to those skilled in the art that many modifications and variations may be made. The invention is accordingly not to be construed as restricted to such embodiments, rather its concept, scope and spirit are to be understood having regard to the claims which follow:

Claims

1. The use of extracts from the plant *Hypericum perforatum* in the preparation of pharmaceutical compositions for the treatment of hepatitis C, chronic hepatitis C and related virus s, said pharmaceutical compositions comprising at least one extract of the plant *Hypericum perforatum*.

2. The use of extracts as in claim 1 and wherein said pharmaceutical composition comprises at least one pharmaceutically acceptable inactive component selected from the group consisting of carriers, coatings, diluents and adjuvants.
3. The use of extracts as in claim 1 wherein said pharmaceutical composition reduces and/or eliminates the hepatitis C virus.
4. The use of extracts as in claim 1, wherein the related virus is hepatitis G.
5. The use of extracts as in claim 1, wherein said at least one extract is prepared by extraction of the said plant by an extractant selected from the group consisting of ~~monohydric alcohols, polyhydric alcohols, low molecular weight ketones, aqueous monohydric alcohols, aqueous polyhydric alcohols, and low molecular weight ketones.~~
6. ~~The use of extracts as in claim 4, wherein said extractant is selected from acetone, methyl ethyl ketone, aqueous ethanol, glycerol and propylene glycol.~~
7. The use of extracts as in claim 5 or 6, wherein said extraction is carried out at ambient temperature.
8. The use of extracts as in claim 5 or 6, wherein said extraction is carried out at a temperature above ambient temperature.
9. The use of extracts as in claim 1 wherein said plant has been dried and milled prior to extraction.
10. The use of extracts as in claim 2 wherein said pharmaceutically acceptable inactive component comprises at least one member of the group consisting of silica gel, starch, cellulose, silicon dioxide, talc, fibers and other inert acceptable pharmaceutical components.
11. The use of extracts as in claim 9, wherein said starch is selected from the group consisting of corn starch, potato starch, and edible starch.
12. The use of extracts as in claim 1 wherein said pharmaceutical composition is formulated for oral administration.
13. The use of extracts as in claim 1 wherein said pharmaceutical composition is formulated for parenteral administration.
14. The use of extracts as in claim 11, wherein said pharmaceutical composition is formulated as uncoated tablets, gelatin coated tablets, other

- coated tablets or capsules.
- ally.
15. The use of extracts as in claim 11, wherein said pharmaceutical composition is formulated in liquid form to be administered parenterally.
16. The use of extracts as in claim 15, wherein the liquid form comprises purified extract of *Hypericum perforatum* in saline solution.
17. A pharmaceutical composition from the plant *Hypericum perforatum* for the treatment of hepatitis C, chronic hepatitis C and related viruses, said pharmaceutical compositions comprising at least one extract of the plant *Hypericum perforatum* and at least one pharmaceutically acceptable inactive component selected from the group consisting of carriers, coatings, diluents and adjuvants.
18. The pharmaceutical composition as in claim 17, wherein said at least one extract is prepared by extraction of the said plant by an extractant selected from the group consisting of monohydric alcohols, polyhydric alcohols, low molecular weight ketones, aqueous monohydric alcohols, aqueous polyhydric alcohols, and low molecular weight ketones.
19. The pharmaceutical composition as in claim 18 wherein said extractant is selected from acetone, methyl ethyl ketone, aqueous ethanol, glycerol and propylene glycol.
20. The pharmaceutical composition as in claim 17 wherein said pharmaceutically acceptable inactive component comprises at least one member of the group consisting of silica gel, starch, cellulose, silicon dioxide, talc, fibers and other inert acceptable pharmaceutical components.
21. The pharmaceutical composition as in claim 20 wherein said starch is selected from the group consisting of corn starch, potato starch, and edible starch.
22. The pharmaceutical composition as in claim 17 formulated for oral administration.
23. The pharmaceutical composition as in claim 17 formulated for parenteral administration.
24. The pharmaceutical composition as in claim 17 formulated in a form selected from the group consisting of uncoated tablets, gelatin coated tablets, coated tablets and capsules.
25. The pharmaceutical composition as in claim 17 formulated in liquid form to be administered parenterally.

Figure 1a.

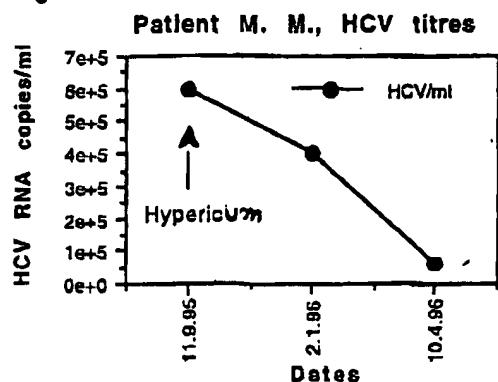


Figure 1b.

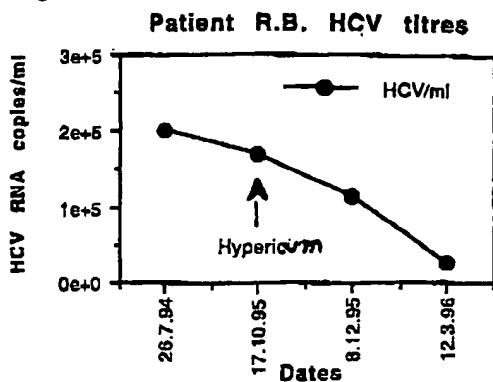


Figure 1c.

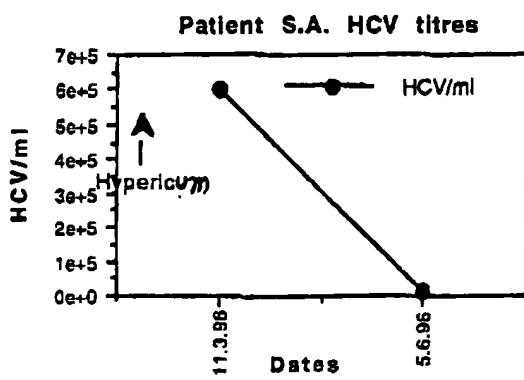


Figure 1d.

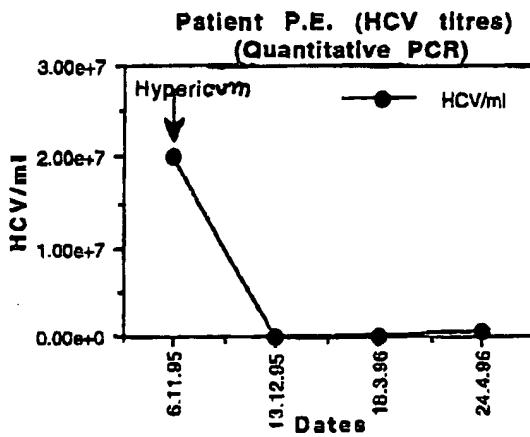


Figure 2a.

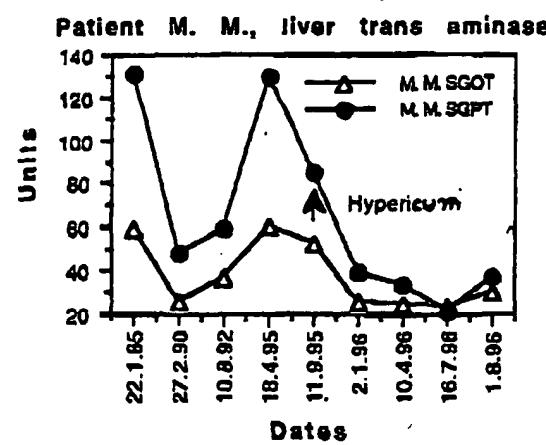
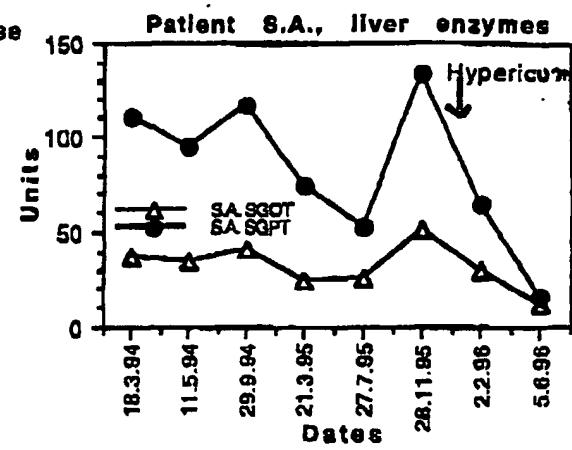


Figure 2b.





Eur pean Patent
Office

EUROPEAN SEARCH REPORT

Application Number
EP 97 12 2064

DOCUMENTS CONSIDERED TO BE RELEVANT			CLASSIFICATION OF THE APPLICATION (Int.Cl.6)						
Category	Citation of document with indication, where appropriate, of relevant passages	Relevant to claim							
X	EP 0 256 452 A (YEDA RES & DEV) * page 2, line 13 - page 4, line 4 * ---	1-26	A61K35/78						
X	WO 89 01329 A (UNIV NEW YORK ;YEDA RES & DEV (IL)) * page 5, line 14 - page 10, line 29 * ---	1-26							
X	US 4 898 891 A (LAVIE DAVID ET AL) * column 2, line 65 - column 7, line 56 * ---	1-26							
X	-: "HYPERICIN VIMRXYN" DRUGS OF THE FUTURE, vol. 21, no. 5, 1996, pages 555-556, XP002060355 * the whole document * ----	1							
A,D	GLORIA MORALEDA ET AL.: "INHIBITION OF DUCK HEPATITIS B VIRUS REPLICATION BY HYPERICIN." ANTIVIRAL RESEARCH, vol. 20, no. 3, March 1993, pages 235-247, XP002060356 * the whole document * -----	1							
			TECHNICAL FIELDS SEARCHED (Int.Cl.6)						
			A61K						
<p>The present search report has been drawn up for all claims</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Place of search</td> <td style="width: 33%;">Date of completion of the search</td> <td style="width: 34%;">Examiner</td> </tr> <tr> <td>THE HAGUE</td> <td>26 March 1998</td> <td>Rempp, G</td> </tr> </table>				Place of search	Date of completion of the search	Examiner	THE HAGUE	26 March 1998	Rempp, G
Place of search	Date of completion of the search	Examiner							
THE HAGUE	26 March 1998	Rempp, G							
CATEGORY OF CITED DOCUMENTS		T : theory or principle underlying the invention E : earlier patent document, but published on, or after the filing date D : document cited in the application L : document cited for other reasons S : member of the same patent family, corresponding document							
X : particularly relevant if taken alone Y : particularly relevant if combined with another document of the same category A : technological background O : non-written disclosure P : intermediate document									